ORTHOPEDIC RESIDENCY PROGRAM MOONLIGHTING POLICY

Residents may moonlight with written approval of the Department Chairman. Each resident must also have completed the documentation form at the end of this section which will be kept on file. They must adhere to the following UTHSCSA GME policy:

Moonlighting is defined as compensated clinical work performed by a resident during the time that he/she is a member of a residency program. PGY 1 residents (interns) and all residents on J-1 and H1B visas cannot moonlight. The Graduate Medical Education Committee and the UTHSCSA-sponsored graduate medical education (GME) programs are responsible for ensuring a high quality learning environment for the residents, notably by ensuring a proper balance between education and patient care activities within duty hour limitations as described by the ACGME Institutional and Program Requirements. Because of these concerns, moonlighting is, in general, discouraged for residents in ACGME-accredited programs sponsored by UTHSCSA. During residency training, the resident’s primary responsibility is the acquisition of competencies associated with their specialty. Moonlighting is a privilege, not a right and residents cannot be required to engage in moonlighting. All programs must have a program-specific moonlighting policy which may be more restrictive than this institutional policy. Programs may prohibit moonlighting.

Under special circumstances, a resident may be given permission by his/her program director to engage in moonlighting consistent with that program’s moonlighting policy. In such cases, the moonlighting workload must not interfere with the ability of the resident to achieve the goals and objectives of his or her GME program.

Moonlighting- the compensated clinical work that is not a part of the residency program.
UTHSCSA does not provide professional liability coverage for external moonlighting.

Without compromising the goals of resident training and education, a program director may allow a resident to moonlight if all of the following conditions are met:

- The resident is not on probation or administrative status.
- The written documentation of the moonlighting activity is filled with resident records and is available for GME Committee monitoring.
- The moonlighting workload is such that it does not interfere with the ability of the resident to achieve and objectives of the GME Program.
- The moonlighting does not place the resident in jeopardy of violating any of the current ACGME and specialty specific Duty Hours Standards.
- The moonlighting opportunity does not replace any part of the clinical experience that is integral to the resident’s training program.
- The resident is licensed for unsupervised, independent medical practice in the state where the moonlighting will occur.
- The resident’s performance in the training program will be monitored for the effect of moonlighting on the resident’s ability to participate in program activities and on the resident’s level of fatigue. Adverse effects will lead to withdrawal of permission to engage in moonlighting.
- Moonlighting hours must be counted towards the 80 hour maximum weekly limit in contemporaneous New Innovations tracking.

The resident considering moonlighting has procured professional liability (including “tail” insurance), and workers’ compensation coverage. Professional liability insurance is provided by the U.T. System Medical Liability Self Insurance Plan only for those activities that are an approved component of the training program. There is NO coverage for professional activities outside of the scope of the residency program.

GME Moonlighting Documentation

I. Resident’s Attestations (to be completed by resident)

Name: __________________________________________________

Program: _____________________________________________

Texas License No.: _____________________

Date: ______________________

A. The responsibilities in the moonlighting circumstance – including dates, location, nature of the clinical work, and whether Department-sponsored or independent – are as follows:

Independent contract work for a surgical first assistance company at various hospitals and outpatient surgical centers that are to be determined pending approval of said institutions of my formal physician
privileges. Duties will be performed according to my availability and after the daily completion of responsibilities pertaining to my residency and will not conflict with said responsibilities nor will they violate duty hour guidelines/restrictions set forth by the ACGME.

B. ______ I understand that moonlighting cannot be done during regular duty hours unless I take approved vacation leave (resident to initial at left).

C. ______ I am in possession of a current license permitting unsupervised, independent medical practice in the state where the moonlighting will occur (resident to initial at left).

D. ______ I understand that internal and/or external moonlight hours must be counted towards the 80-hour maximum weekly limit (resident to initial at left).

E. ______ This Moonlighting activity will not violate any of the ACGME or specialty-specific Duty Hours Standards (resident to initial at left).

F. ______ I am not on probation or administrative status (resident to initial at left).

G. ______ I have professional liability insurance (resident to initial at left).

Professional Liability Carrier:

Resident’s signature: _____________________________ Date: ________________

II. Program Director’s Attestations (initial beside each section – all must be initialed for moonlighting to be approved)

A. ______ The moonlighting workload is such that it does not interfere with the ability of the resident to achieve the goals and objectives of the GME Program.

B. ______ The Moonlighting opportunity does not replace any part of the clinical experience that is integral to the resident’s training program.

C. ______ The resident is licensed for unsupervised, independent medical practice in the state where the moonlighting will occur.
D. ________ The resident is not on probation or administrative status.

I approve of the moonlighting work as outlined above.

Program Director’s signature: ____________________________ Date: ____________

This written documentation of moonlighting activity will be filed with resident records and is available for GME Committee monitoring. Failure to comply with this policy is grounds for immediate dismissal.